

Los Angeles County Sheriff's Department

Officer Involved Shooting

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Report Date: July 6, 2015		Bureau/Station/Facility: Lakewood Station		Admin. Invest? <input type="checkbox"/> Hit? <input checked="" type="checkbox"/>	
Incident Information					
URN: 015-13249-1321-013		Date: July 6, 2015		Time: 1045 hours	
City or Station: Lakewood		Nature of Incident: Deputies Saavedra, Johnson, Solorio, and Bitolas shot Suspect John Berry when he pinned a deputy between two cars with his car.			
Location: Adenmoor Avenue, Lakewood					
Location Type (check one or more): <input type="checkbox"/> Backyard <input type="checkbox"/> Beach <input type="checkbox"/> Business <input type="checkbox"/> Freeway <input type="checkbox"/> Industrial <input type="checkbox"/> Park <input type="checkbox"/> Parking Lot <input type="checkbox"/> Residence <input type="checkbox"/> Rural <input type="checkbox"/> School <input checked="" type="checkbox"/> Street Other:		Lighting (check only one): <input type="checkbox"/> Darkness <input checked="" type="checkbox"/> Daylight <input type="checkbox"/> Other <input type="checkbox"/> Street Lights Weather (circle only one): <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Fog <input type="checkbox"/> Rain Distance: less than 12'		Incident Type (check one or more): <input type="checkbox"/> Accidental <input type="checkbox"/> Armed Person <input type="checkbox"/> Fleeing Suspect <input type="checkbox"/> Foot Pursuit <input type="checkbox"/> Gun Take Away <input checked="" type="checkbox"/> Moving Vehicle <input type="checkbox"/> Sniper/Ambush <input type="checkbox"/> Startle <input checked="" type="checkbox"/> Struggle Involved <input type="checkbox"/> Traffic Stop <input type="checkbox"/> Unarmed Person <input type="checkbox"/> Unintentional <input type="checkbox"/> Vehicle Pursuit <input type="checkbox"/> Warrant Service <input type="checkbox"/> Warning Shot Other:	
Initiated by (check only one): <input type="checkbox"/> Arrest Warrant <input checked="" type="checkbox"/> Call <input type="checkbox"/> Observation <input type="checkbox"/> One Person Unit <input type="checkbox"/> Other <input type="checkbox"/> Search Warrant <input type="checkbox"/> Two Person Unit		Prior Activity (check only one): <input type="checkbox"/> Detective <input type="checkbox"/> Inmate Transport <input type="checkbox"/> Other <input checked="" type="checkbox"/> Routine Patrol			
Total # of Shots Fired by Deputy 32		Total # of Shots Fired by Suspect 0		Aero Unit? <input type="checkbox"/> Canine Unit? <input type="checkbox"/>	
Employee Witnesses					
Employee #	Last Name	First Name	M.I.	ShiftTime (check only one): <input type="checkbox"/> EM <input type="checkbox"/> PM <input checked="" type="checkbox"/> Day	ShiftType (check only one): <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty
	Jobling	James			
Employee #	Last Name	First Name	M.I.	ShiftTime (check only one): <input type="checkbox"/> EM <input type="checkbox"/> PM <input checked="" type="checkbox"/> Day	ShiftType (check only one): <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty
	Santoyo	Sergio	A.		
Employee #	Last Name	First Name	M.I.	ShiftTime (check only one): <input type="checkbox"/> EM <input type="checkbox"/> PM <input checked="" type="checkbox"/> Day	ShiftType (check only one): <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty
	Oberle	Grant			
Non-Employee Witnesses					
Last Name		First Name		M.I.	
(See Homicide Investigation Book, Exhibit A)					
Street Address		City		Zip Code	Work Ph Home Ph
Last Name		First Name		M.I.	
Street Address		City		Zip Code	Work Ph Home Ph
Last Name		First Name		M.I.	
Street Address		City		Zip Code	Work Ph Home Ph
Supervisors					
Employee #	Last Name	First Name	M.I.	(check one or more):	
	Jobling	James		<input checked="" type="checkbox"/> On Duty <input checked="" type="checkbox"/> Witness to shooting <input type="checkbox"/> Present during shooting <input type="checkbox"/> Involved in shooting	
Employee #	Last Name	First Name	M.I.	(check one or more):	
				<input type="checkbox"/> On Duty <input type="checkbox"/> Witness to shooting <input type="checkbox"/> Present during shooting <input type="checkbox"/> Involved in shooting	
Watch Sergeant					
Employee #	Last Name	First Name	M.I.		
	Martin	Jenny			
Watch Commander					
Employee #	Last Name	First Name	M.I.		
	Moses	Steven	J.		

PSTD Use Only	
SH #	2382110

Officer Involved Shooting

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Rollout Information			
Arrival Date	June 6, 2015	Arrival Time	1210 hours
Date Submitted	08-15-17	Date of Recommendation	
Employee #		Last Name	Denison
First Name	Trent	M.I.	
Employee #		Last Name	River
First Name	Terisa	M.I.	
Employee #		Last Name	Flores
First Name	David	M.I.	

Shooting / Force Information

Method

(AV) Arwen	(OV) Other Weapon: Vehicle
(BC) Baton:(Control)	(OB) Other Weapon: Blunt Object
(BI) Baton:(Impact)	(OO) Other Weapon: Other
(BF) Bodily Fluids	(PK) Personal Weapon: Feet/Leg: (Kick)
(CN) Canine	(PS) Personal Weapon: Feet/Leg: (Sweep)
(CR) Carotid Restraint	(PH) Personal Weapon (Hand/Arm)
(CH) Choke Hold	(PP) Personal Weapon (Push)
(CT) Control Holds:(Control Techniques)	(PO) Personal Weapon (Other)
(TT) Control Holds:(Team Takedown)	(RS) Resistance
(TD) Control Holds:(Takedown)	(RN) Restraint Device (Capture Net)
(CE) Chemical	(RH) Restraint Device (Handcuffs)
(OC) Chemical Agents (OC Spray)	(HB) Restraint Device:Hobble (Legs Only)
(TG) Chemical Agents (Tear Gas)	(TP) Restraint Device:Hobble (TARP)
(EX) Explosives	(RE) Restraint Device: REACT Belt
(FH) Firearm (Handgun)	(SP) Sap
(FR) Firearm (Rifle)	(SH) Shield
(FS) Firearm (Shotgun)	(SG) 37mm Stinger
(FO) Firearm (Other)	(SB) Sting Ball
(FB) Flashbang	(ST) Stun Bag
(FL) Flashlight	(TR) Taser
(OE) Other Weapon: Edged	(UC) Uncooperative

Type of Injury

(AB) Abrasion
(BR) Bruise
(BU) Burn
(CP) Complaint of Pain
(CO) Concussion
(DH) Death
(DI) Dislocation
(DB) Dog Bite
(FR) Fractures
(GS) Gunshot
(HB) Human Bite
(LC) Lacerations
(ND) Nerve Damage
(OD) Organ Damage
(PA) Paralysis
(PW) Puncture Wound
(SD) Soft Tissue Damage
(ST) Sprain/Twists
(UN) Unconscious
(RM) Refused Med Treatment
(NN) NONE

Body Part Injured

(AD) Abdomen
(AK) Ankle
(AR) Arm
(BK) Back
(BT) Buttocks
(CH) Chest
(EL) Elbow
(FA) Face
(FE) Feet
(FI) Fingers
(GE) Genitals
(GR) Groin
(HD) Hand
(HE) Head
(HI) Hip
(IN) Internal
(KN) Knees
(LE) Leg
(NK) Neck
(SH) Shoulder
(WR) Wrist

Brand

(IV) Iver Johnson	(RO) Rossi
(JE) Jennings	(SW) Smith & Wesson
(LO) Lorcin	(SR) Sturm Ruger
(LU) Luger	(SS) SIG Sauer
(MA) Marlin	(ST) Sterling
(MO) Mossberg	(TA) Taurus
(NC) NCI aka SKS	(WE) Weatherby
(NA) North American	(WN) Winchester
(NO) Norinco	(US) US Government
(RA) Raven	(YY) Handmade (Inmate)
(RM) Remington	(XX) Handmade (Non-Inmate)
(RG) RG	(ZZ) Other Brand
(RI) RGI	

Caliber

(9) 9 mm	(24) .243 caliber	(41) .410 guage
(10) 10 mm	(25) .25 caliber	(44) .44 caliber
(12) 12 guage	(30) .308 caliber	(45) .45 caliber
(20) 20 guage	(35) .357 caliber	(50) 50 mm
(21) .22-250	(36) 30-50 caliber	(SL) Slug
(22) .22 caliber	(38) .38 caliber	(VVV) Other caliber
(23) .223 caliber	(40) .40 caliber	

FORCE APPLIED (one code per block)

Used By (E# or S#)	Used Against (E# or S#)	Method (Code)	Brand (Code)	Caliber (Code)	Authorized Weapon? (Y/N)	Authorized Ammunition? (Y/N)	Type of Injury (Code)	Body Part (Code)
S	E1-4	RS					NN	
S	E1	PK					CP	CH
S	E2	PK					CP	LE
S	E3	PK					CP	LE
S	Dep. Oberle	OV					AB	LE
E1	S	OC					NN	FA
E1	S	FH	SW	9	Y	Y	GS	CH
E2	S	TR					NN	CH
E2	S	FH	SW	9	Y	Y	GS	CH
E3	S	OC					NN	FA
E3	S	BI					AB	LE
E3	S	FH	SW	9	Y	Y	GS	CH
E4	S	FL					NN	HD
E4	S	FL					NN	FA
E4	S	FH	SW	9	Y	Y	GS	CH

Officer Involved Shooting Involved Employee Information

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Involved Employee										
E 1	Employee #		Last Name			First Name		M.I.		
			Bitolas			Michael		A.		
	Sex: M	Race: W	Rank: DSG		Unit Assignment: Lakewood		Work Assignment (Unit #, Module, etc.): 132B			
	ShiftTime (circle only one): <input type="checkbox"/> EM <input type="checkbox"/> PM <input checked="" type="checkbox"/> Day		ShiftType (circle only one): <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:			
	Hospital Admission? <input type="checkbox"/>		Hospital Name:		Coroner Case? <input type="checkbox"/>		Coroner Case #		Interviewed? <input checked="" type="checkbox"/>	
	Hrs of sleep prior to shooting: 8		Duty Time (hrs):		Clothing (circle only one): <input type="checkbox"/> Plain Clothes no Vest <input type="checkbox"/> Plain Clothes w/ Vest <input type="checkbox"/> Raid Jacket w/ Vest <input type="checkbox"/> Raid Jacket no Vest <input checked="" type="checkbox"/> Uniform no Vest <input checked="" type="checkbox"/> Uniform w/ Vest		Other Factors:			
	Age: 5'09"		Height: 190		Weight:					
	Range Qualification Date:		PPC Qualification Date:		Laser Training Date:					
	Certified with Weapon Used? <input type="checkbox"/>		Patrol Certification? <input type="checkbox"/>		Certification Unit:		Prior Shootings? <input type="checkbox"/>		Number of Prior Shootings:	Directed Force: <input type="checkbox"/>
	Weapons Fired Brand: Beretta		Caliber: 9mm		# Shots: 5		Weapons Fired Brand:		Caliber:	# Shots:
Field Training Officer Emp #		Last Name		First Name		M.I.				
Field Training Officer Emp #		Last Name		First Name		M.I.				
E 2	Employee #		Last Name			First Name		M.I.		
			Solorio			Robert		Jr.		
	Sex: M	Race: H	Rank: DSG		Unit Assignment: Lakewood		Work Assignment (Unit #, Module, etc.): 132T1			
	ShiftTime (circle only one): <input type="checkbox"/> EM <input type="checkbox"/> PM <input checked="" type="checkbox"/> Day		ShiftType (circle only one): <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:			
	Hospital Admission? <input type="checkbox"/>		Hospital Name:		Coroner Case? <input type="checkbox"/>		Coroner Case #		Interviewed? <input checked="" type="checkbox"/>	
	Hrs of sleep prior to shooting: 6-7		Duty Time (hrs):		Clothing (circle only one): <input type="checkbox"/> Plain Clothes no Vest <input type="checkbox"/> Plain Clothes w/ Vest <input type="checkbox"/> Raid Jacket w/ Vest <input type="checkbox"/> Raid Jacket no Vest <input checked="" type="checkbox"/> Uniform no Vest <input checked="" type="checkbox"/> Uniform w/ Vest		Other Factors:			
	Age: 5'11"		Height: 180		Weight:					
	Range Qualification Date:		PPC Qualification Date:		Laser Training Date:					
	Certified with Weapon Used? <input type="checkbox"/>		Patrol Certification? <input type="checkbox"/>		Certification Unit:		Prior Shootings? <input type="checkbox"/>		Number of Prior Shootings:	Directed Force: <input type="checkbox"/>
	Weapons Fired Brand: M&P		Caliber: 9mm		# Shots: 3		Weapons Fired Brand:		Caliber:	# Shots:
Field Training Officer Emp #		Last Name		First Name		M.I.				
Field Training Officer Emp #		Last Name		First Name		M.I.				
E 3	Employee #		Last Name			First Name		M.I.		
			Johnson			Anthony		A.		
	Sex: M	Race: W	Rank: DSG		Unit Assignment: Lakewood		Work Assignment (Unit #, Module, etc.): 132D			
	ShiftTime (circle only one): <input type="checkbox"/> EM <input type="checkbox"/> PM <input checked="" type="checkbox"/> Day		ShiftType (circle only one): <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:			
	Hospital Admission? <input type="checkbox"/>		Hospital Name:		Coroner Case? <input type="checkbox"/>		Coroner Case #		Interviewed? <input checked="" type="checkbox"/>	
	Hrs of sleep prior to shooting: 6-8		Duty Time (hrs):		Clothing (circle only one): <input type="checkbox"/> Plain Clothes no Vest <input type="checkbox"/> Plain Clothes w/ Vest <input type="checkbox"/> Raid Jacket w/ Vest <input type="checkbox"/> Raid Jacket no Vest <input checked="" type="checkbox"/> Uniform no Vest <input checked="" type="checkbox"/> Uniform w/ Vest		Other Factors:			
	Age: 5'10"		Height: 215		Weight:					
	Range Qualification Date:		PPC Qualification Date:		Laser Training Date:					
	Certified with Weapon Used? <input type="checkbox"/>		Patrol Certification? <input type="checkbox"/>		Certification Unit:		Prior Shootings? <input type="checkbox"/>		Number of Prior Shootings:	Directed Force: <input type="checkbox"/>
	Weapons Fired Brand: M&P		Caliber: 9mm		# Shots: 15		Weapons Fired Brand:		Caliber:	# Shots:
Field Training Officer Emp #		Last Name		First Name		M.I.				
Field Training Officer Emp #		Last Name		First Name		M.I.				

Officer Involved Shooting Involved Employee Information

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Involved Employee									
E 4	Employee #	Last Name	First Name	M.I.					
Sex: M	Race: H	Rank: DSG	Unit Assignment: Lakewood	Work Assignment (Unit #, Module, etc.): 132T2					
ShiftTime (circle only one): <input type="checkbox"/> EM <input type="checkbox"/> PM <input checked="" type="checkbox"/> Day		ShiftType (circle only one): <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty		Intoxication/Drug Usage? <input type="checkbox"/>	Substance Used:				
Hospital Admission? <input type="checkbox"/>		Hospital Name:		Coroner Case? <input type="checkbox"/>	Coroner Case #		Interviewed? <input checked="" type="checkbox"/>		
Hrs of sleep prior to shooting: 8		Duty Time (hrs):		Clothing (circle only one): <input type="checkbox"/> Plain Clothes no Vest <input type="checkbox"/> Raid Jacket w/ Vest <input type="checkbox"/> Plain Clothes w/ Vest <input type="checkbox"/> Uniform no Vest <input type="checkbox"/> Raid Jacket no Vest <input checked="" type="checkbox"/> Uniform w/ Vest		Other Factors:			
Age: Height: 6'01" Weight: 230		Range Qualification Date:		PPC Qualification Date:		Laser Training Date:			
Certified with Weapon Used? <input type="checkbox"/>		Patrol Certification? <input type="checkbox"/>		Certification Unit:		Prior Shootings? <input type="checkbox"/>		Number of Prior Shootings: <input type="checkbox"/>	
Weapons Fired Brand: M&P		Caliber: 9mm		# Shots: 9		Weapons Fired Brand:		Caliber: # Shots:	
Field Training Officer Emp #		Last Name		First Name		M.I.			
Field Training Officer Emp #		Last Name		First Name		M.I.			
E	Employee #	Last Name	First Name	M.I.					
Sex:	Race:	Rank:	Unit Assignment:	Work Assignment (Unit #, Module, etc.):					
ShiftTime (circle only one): <input type="checkbox"/> EM <input type="checkbox"/> PM <input type="checkbox"/> Day		ShiftType (circle only one): <input type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty		Intoxication/Drug Usage? <input type="checkbox"/>	Substance Used:				
Hospital Admission? <input type="checkbox"/>		Hospital Name:		Coroner Case? <input type="checkbox"/>	Coroner Case #		Interviewed? <input type="checkbox"/>		
Hrs of sleep prior to shooting:		Duty Time (hrs):		Clothing (circle only one): <input type="checkbox"/> Plain Clothes no Vest <input type="checkbox"/> Raid Jacket w/ Vest <input type="checkbox"/> Plain Clothes w/ Vest <input type="checkbox"/> Uniform no Vest <input type="checkbox"/> Raid Jacket no Vest <input type="checkbox"/> Uniform w/ Vest		Other Factors:			
Age: Height: Weight:		Range Qualification Date:		PPC Qualification Date:		Laser Training Date:			
Certified with Weapon Used? <input type="checkbox"/>		Patrol Certification? <input type="checkbox"/>		Certification Unit:		Prior Shootings? <input type="checkbox"/>		Number of Prior Shootings: <input type="checkbox"/>	
Weapons Fired Brand:		Caliber:		# Shots:		Weapons Fired Brand:		Caliber: # Shots:	
Field Training Officer Emp #		Last Name		First Name		M.I.			
Field Training Officer Emp #		Last Name		First Name		M.I.			
E	Employee #	Last Name	First Name	M.I.					
Sex:	Race:	Rank:	Unit Assignment:	Work Assignment (Unit #, Module, etc.):					
ShiftTime (circle only one): <input type="checkbox"/> EM <input type="checkbox"/> PM <input type="checkbox"/> Day		ShiftType (circle only one): <input type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty		Intoxication/Drug Usage? <input type="checkbox"/>	Substance Used:				
Hospital Admission? <input type="checkbox"/>		Hospital Name:		Coroner Case? <input type="checkbox"/>	Coroner Case #		Interviewed? <input type="checkbox"/>		
Hrs of sleep prior to shooting:		Duty Time (hrs):		Clothing (circle only one): <input type="checkbox"/> Plain Clothes no Vest <input type="checkbox"/> Raid Jacket w/ Vest <input type="checkbox"/> Plain Clothes w/ Vest <input type="checkbox"/> Uniform no Vest <input type="checkbox"/> Raid Jacket no Vest <input type="checkbox"/> Uniform w/ Vest		Other Factors:			
Age: Height: Weight:		Range Qualification Date:		PPC Qualification Date:		Laser Training Date:			
Certified with Weapon Used? <input type="checkbox"/>		Patrol Certification? <input type="checkbox"/>		Certification Unit:		Prior Shootings? <input type="checkbox"/>		Number of Prior Shootings: <input type="checkbox"/>	
Weapons Fired Brand:		Caliber:		# Shots:		Weapons Fired Brand:		Caliber: # Shots:	
Field Training Officer Emp #		Last Name		First Name		M.I.			
Field Training Officer Emp #		Last Name		First Name		M.I.			

Officer Involved Shooting Suspect Information

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Suspect Information														
S 1	Last Name			Berry		First Name		John	M.I.	L.				
	AKA Last Name					First Name			M.I.					
	Sex:	M	Race:	W	Street Address:		City		State & Zip Code:					
	Work Phone:		Home Phone:		Social Security #:		Driver's License #:							
	Age:	29	D.O.B.:	01-23-84	Height:	6'01"	Weight:	175	FBI #	CL #				
	Booking #		Primary Charge:			Secondary Charge:								
	Coroner Case?		<input checked="" type="checkbox"/>		Coroner Case #		2015-04657		Intoxication/Drug Usage?		<input type="checkbox"/>	Substance Used:		
	Armed?		<input checked="" type="checkbox"/>		Apprehended?		<input type="checkbox"/>		Mental Illness?		<input checked="" type="checkbox"/>	Criminal History?		<input type="checkbox"/>
	Vehicle Make		Model:		Year:		Parole:		Probation:		Prior Felony Conviction:			
	BMW		two door sedan		2008									
S	Last Name					First Name			M.I.					
	AKA Last Name					First Name			M.I.					
	Sex:		Race:		Street Address:		City		State & Zip Code:					
	Work Phone:		Home Phone:		Social Security #:		Driver's License #:							
	Age:		D.O.B.:		Height:		Weight:		FBI #	CL #				
	Booking #		Primary Charge:			Secondary Charge:								
	Coroner Case?		<input type="checkbox"/>		Coroner Case #				Intoxication/Drug Usage?		<input type="checkbox"/>	Substance Used:		
	Armed?		<input type="checkbox"/>		Apprehended?		<input type="checkbox"/>		Mental Illness?		<input type="checkbox"/>	Criminal History?		<input type="checkbox"/>
	Vehicle Make		Model:		Year:		Parole:		Probation:		Prior Felony Conviction:			
S	Last Name					First Name			M.I.					
	AKA Last Name					First Name			M.I.					
	Sex:		Race:		Street Address:		City		State & Zip Code:					
	Work Phone:		Home Phone:		Social Security #:		Driver's License #:							
	Age:		D.O.B.:		Height:		Weight:		FBI #	CL #				
	Booking #		Primary Charge:			Secondary Charge:								
	Coroner Case?		<input type="checkbox"/>		Coroner Case #				Intoxication/Drug Usage?		<input type="checkbox"/>	Substance Used:		
	Armed?		<input type="checkbox"/>		Apprehended?		<input type="checkbox"/>		Mental Illness?		<input type="checkbox"/>	Criminal History?		<input type="checkbox"/>
	Vehicle Make		Model:		Year:		Parole:		Probation:		Prior Felony Conviction:			
S	Last Name					First Name			M.I.					
	AKA Last Name					First Name			M.I.					
	Sex:		Race:		Street Address:		City		State & Zip Code:					
	Work Phone:		Home Phone:		Social Security #:		Driver's License #:							
	Age:		D.O.B.:		Height:		Weight:		FBI #	CL #				
	Booking #		Primary Charge:			Secondary Charge:								
	Coroner Case?		<input type="checkbox"/>		Coroner Case #				Intoxication/Drug Usage?		<input type="checkbox"/>	Substance Used:		
	Armed?		<input type="checkbox"/>		Apprehended?		<input type="checkbox"/>		Mental Illness?		<input type="checkbox"/>	Criminal History?		<input type="checkbox"/>
	Vehicle Make		Model:		Year:		Parole:		Probation:		Prior Felony Conviction:			